

California Department of Food and Agriculture Federal Organic Certification Cost Share Application

To be eligible for reimbursement the certification must have been completed between October 1, 2002 and September 30, 2003. The amount of reimbursement is 75% of certification costs (maximum of \$500.00). Submit application to the address above.

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| SECTION A | PRODUCER/HANDLER IDENTIFICATION | | | |
| | First Name | | M.I. | Last Name |
| | Address | | | |
| | City | | County | State |
| | Zip Code | | | |
| | CA organic registration number | | Attach a copy of certificate and an itemized invoice for certification costs. <input type="checkbox"/> Certificate No. _____ <input type="checkbox"/> Certified by _____ Effective Date of Certification _____ | |
| Phone Number | | Fax Number | | Email Address |

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| SECTION B | CERTIFICATIONS | |
| | Certification By Producer: I certify that the above information is true and correct, and the organic certification identified above for which cost-share reimbursement is requested was issued between October 1, 2002 and September 30, 2003. <i>Notice of Penalties: Penalty for knowingly making false statements or false entries, or attempts to secure money through fraudulent means, may include fines and/or incarceration and/or forfeiture of agriculture assistance funds under applicable federal and state law.</i> | |
| | <div style="display: flex; justify-content: space-between;"> <div style="flex-grow: 1;"> _____ Certified Operations Signature </div> <div style="text-align: right;"> Date ____/____/____ month day year </div> </div> | |

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| SECTION C | (OFFICIAL USE ONLY) IDENTIFICATION OF ELIGIBLE CERTIFICATION COSTS | | | |
| | Associated expenses: | Date incurred | Amount Paid by operation * | Reimbursed amount |
| | | | | Total to accounting _____ |
| | | | | Date to accounting _____ |
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